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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

Mr. Johnny Sanders # 1017037)
c/o: T.C.C.C)
619 No. Osage Ave.)
Tipton, MO. 65081-8083)

(Enter above the full name of the)
Plaintiff(s) in this action. Include prison)
registration number(s).)

v.)

C.M.S Medical Services Inc.)
(Dr. Street))
2727 Highway K)
Bonne Terre, MO. 63628)

Case No. _____
(To be assigned by Clerk)

(Enter above the full name of ALL Defendant(s) in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of all the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

I. PLACE OF PRESENT CONFINEMENT:

T.C.C., 619 No. Osage Ave., Tipton, MO. 65081-8083

II. PREVIOUS CIVIL ACTIONS:

- A. Have you brought any other civil actions in state or federal court dealing with the same facts involved in this action or otherwise relating to your confinement?

YES []

NO [*]

- B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): Mr. Johnny Sanders # 1017037
c/o: T.C.C.C, 619 No. Osage Ave.
Tipton, MO. 65081-8083

Defendant(s): C.M.S. Medical Services Inc.
(Dr. Street)
2727 Bonne Terre, MO. 63628

2. Court where filed: _____

3. Docket or case number: _____

4. Name of Judge: _____

5. Basic claim made: _____

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

III. GRIEVANCE PROCEDURES:

- A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES [*] NO []

- B. Have you presented this grievance system the facts which are at issue in this complaint?

YES [*] NO []

C. If your answer to "B" is YES, what steps did you take: (See attached Documents)

D. If your answer to "B" is NO, explain why you have not used the grievance system:

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: Mr. Johnny Sanders # 1017037)

2. Plaintiff's address: c/o: T.C.C., 619 No. Osage Ave.
Tipton, MO. 65081-8083

3. Registration number: # 1017037

4. Additional Plaintiff(s) and address(es): _____

B. Defendant(s)

1. Name of Defendant: C.M.S. Medical Services Inc. (Dr. Street)
2727 Highway K

2. Defendant's address: Bonne Terre, MO. 63628

3. Defendant's employer and job title: _____

4. Additional Defendant(s) and address(es): _____

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES []

NO [*]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter? Pending

YES []

NO [*]

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

D. If your answer to "B" is NO, explain why you have not made such efforts:

Din't know who to contact.....

E. Have you previously been represented by counsel in a civil action in this Court?

YES []

NO [*]

F. If your answer to "E" is YES, state the attorney's name and address:

(See attached Document).....

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STATEMENT OF CLAIM

I Mr. Johnnie Sanders # 1017037, was returned to D.O.C., on Sep. 26th, 2007 and I was returned without my glasses, because they were broken, during my arrest, in the City of St. Louis, MO..

Now on Sep. 27th, 2007, sent in an M.S.R., to see the eye doctor and I received no response, during my (2 month) stay at E.R.D.C.C., at which I turned in several M.S.R.'s, complaining about my eyes and severe headaches and I didn't, receive any responses, from their medical staff also. Without my eyeglasses, I felt blind and my headaches, became more severe, as a result, of not having my eyeglasses.

On Nov. 29th, 2007, I was transferred, to the Tipton Correctional Center , 619 No. Osage Ave., Tipton, Mo. 65081-8083. And while there, I was still in pain and suffering, after I made a request, to see the doctor and I still didn't receive any responses.

On Dec. 6th., 2007, I received a letter, from (Dr. Street) the E.R.D.C.C. (Optometrist), stating that, I was not eligible for eyeglasses. At that point, I felt like , I was in danger, because, I would miss meals, because it would take, me longer(10-15min), to walk to the cafeteria, in the snow and ice, because of my eyesight, that was inadequate and that is a violation of my 8th Amendment Rights.

On Jan. 22nd, 2008, I filed an Informal Resolution Request. Then I filed an Offender Grievance, on Feb. 27th, 2008, stating that I spoke, with Linda Garbarz, (RN. Director of Nursing) and she informed me that, I was eligible and did qualify, for eyeglasses and this conversation, took place, on Feb. 22nd, 2008. I didn't receive any glasses until Apr. 1st, 2008 and by which time the damage, had already taken place, to my (Cataracts), which was brought to my attention, by the eye doctor(Unknown), at T.C.C., on Jun. 25th, 2008 and he stated that, at this time.

Based again on his evaluation, I have (Glucoma) and (Cataract damage).

Mr. Johnny Sanders # 1017037;

Johnnie Sanders

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a state prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case must be filed on a § 2254 form.)

I would like to be provided another eye examination,
by an outside doctor, who can determine the actual extent
of any damages, that may have occurred, as a result of
any negligent act. Want to determine also, if surgery
is needed to assist, with correction, of my vision issues.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒ NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

One Million Dollars..... Because of the negligence
of (Dr. Street)/C.M.S. Medical Services Inc., it could cause
me to lose my eye site.

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [*] NO []

Johnnie Sanders
Signature of attorney or pro se Plaintiff(s)

7-19-2008
Date